

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1992

Application or Docket Number

051809

CLAIMS AS FILED - PART I

FOR	NUMBER FILED (Column 1)	NUMBER EXTRA (Column 2)	SMALL ENTITY		OTHER THAN OR SMALL ENTITY	
			RATE	FEES	RATE	FEES
BASIC FEE				\$355.00		
TOTAL CLAIMS 5	minus 20 = *		x\$11=		x\$22=	
INDEPENDENT CLAIMS	minus 3 = *		x 37=		x 74=	
MULTIPLE DEPENDENT CLAIM PRESENT			+115=		+230=	
			TOTAL		TOTAL	710

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	SMALL ENTITY		OTHER THAN OR SMALL ENTITY	
					RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
Total	*	Minus	**	=	x\$11=		x\$22=	
Independent	*	Minus	***	=	x 37=		x 74=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+ 115=		+230=	
					TOTAL	ADDIT. FEE	TOTAL	ADDIT. FEE

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	SMALL ENTITY		OTHER THAN OR SMALL ENTITY	
					RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
Total	*	Minus	**	=	x\$11=		x\$22=	
Independent	*	Minus	***	=	x 37=		x 74=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+ 115=		+230=	
					TOTAL	ADDIT. FEE	TOTAL	ADDIT. FEE

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	SMALL ENTITY		OTHER THAN OR SMALL ENTITY	
					RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
Total	*	Minus	**	=	x\$11=		x\$22=	
Independent	*	Minus	***	=	x 37=		x 74=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+115=		+230=	
					TOTAL	ADDIT. FEE	TOTAL	ADDIT. FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ADDIT. FEE

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>9/28/93</u>	2 Serial/Patent #: <u>08/051899</u>		
3 Please refund the following fee(s):			
<input checked="" type="checkbox"/> Filing	4 PAPER NUMBER <u>5</u>	5 DATE FILED <u>8-23-93</u>	6 AMOUNT <u>\$ 74.00</u>
<input type="checkbox"/> Amendment			<u>\$</u>
<input type="checkbox"/> Extension of Time			<u>\$</u>
<input type="checkbox"/> Notice of Appeal/Appeal			<u>\$</u>
<input type="checkbox"/> Petition			<u>\$</u>
<input type="checkbox"/> Issue			<u>\$</u>
<input type="checkbox"/> Cert of Correction/Terminal Disc.			<u>\$</u>
<input type="checkbox"/> Maintenance			<u>\$</u>
<input type="checkbox"/> Assignment			<u>\$</u>
<input type="checkbox"/> Other			<u>\$</u>
		7 TOTAL AMOUNT OF REFUND <u>\$ 74.00</u>	
8 TO BE REFUNDED BY:			
<input type="checkbox"/> Overpayment		Treasury Check	
<input checked="" type="checkbox"/> Duplicate Payment		Credit Deposit A/C #: <u>11-0275</u>	
9 NO FEE DUE (Explanation):			
10 REASON:			
<input checked="" type="checkbox"/> Overpayment		Credit Deposit A/C #: <u>11-0275</u>	
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Carmenita Robinson</u>		TITLE: <u>App. Est.</u>	
SIGNATURE: <u>Carmenita Robinson</u>		PHONE: <u>308-1203</u>	
OFFICE: <u>ONAE</u>			
***** THIS SPACE RESERVED FOR FINANCIAL USE ONLY *****			
APPROVED: <u>Jay Kunkel</u>		DATE: <u>10/5/93</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B